



Sugar Grove Police Department
 10 S. Municipal Drive
 Sugar Grove, IL 60554
www.sugar-grove.il.us
 phone 630-466-4526 fax 630-466-7996

FOR OFFICE USE ONLY

Date Paid: _____

Date Issued : _____

License #: _____

Mobile Vendor's License Application

(Type or Print Clearly)

Type of Business _____

Business Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Owners Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

EQUIPMENT DESCRIPTION

Make/Model _____ Year _____ Color _____ License # _____

Commercial Liability Insurance Co. _____ Policy Number _____

Other Equipment Information (i.e. push cart description) _____

In the event that the applicant will be operating more than one such motor vehicle upon the streets or public property of the Village of Sugar Grove, the applicant must file separate applications and obtain separate Mobile Vendors Licenses for each such motor vehicle. (Ord. 2007-11-20, 11-20-2007)

In the event that the applicant employs another person to drive said motor vehicle on the streets or public property of the Village of Sugar Grove, then and in that event, such driver must be of legal age and must have a valid current Illinois drivers license and the applicant shall be responsible for all actions of said driver(s) just at though the applicant was driving said motor vehicles (Ord. 2007-11-20, 11-20-2007)

HOURS OF OPERATION

Mobile Vending License shall only be valid between the hours of nine o'clock (9:00) a.m. to eight o'clock (8:00) p.m. from Memorial Day to Labor Day, and from nine o'clock (9:00) a.m. to six o'clock (6:00) p.m. after Labor Day.

Signature of Owner/Applicant _____ Date _____

To be submitted with application:

- \$250.00 Application fee
- Owners certificate of registration under the Illinois Retailers' occupation tax act
- Kane County Health Department Permit
- Copy of public liability insurance certificate coverage for each vehicle to be operated.
- Applicant information and consent for each owner, employee and/or operator (with a copy of a valid IL drivers license)

Please note all employees (applicants) must contact the Sugar Grove Police Department at 630-466-4526 extension 33, to schedule an appointment to be fingerprinted and photographed. Should you need to leave a message, please indicate that you are applying for a motor vending license, and need to schedule an appointment to be fingerprinted along with your name and a call back number. A Sergeant is generally available from 8 p.m. to 4 p.m. Monday through Friday. The Police Department is located at, 10 S. Municipal Drive, Sugar Grove, Illinois 60554.



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MOBILE VENDING APPLICANT INFORMATION

(Type or Print Clearly)

Name _____

Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Last 4 digits of Social Security Number _____

Drivers License Number _____ Expiration _____

Please check the following statements as they pertain to the applicant listed above:

- | True | False | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have not been convicted of a misdemeanor or petty offense |
| <input type="checkbox"/> | <input type="checkbox"/> | I have not been convicted of a felony. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not required to register as a sex offender. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not disqualified to receive a license by reasons of matters of any Ordinance of the Village of Sugar Grove. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am not disqualified to receive a license by laws of this State. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have received and read a copy of the Village of Sugar Grove Mobile Vending Code (3-8) |

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Suspension and revocation: As outlined in 3-8-13 any Mobile Vendor's License may be suspended or revoked for repeated or serious violations of this section or any Village ordinance or State law.

Penalty: Any person, firm, or corporation violating any provision of 3-9 Mobile Vending shall be fined not less than \$100.00 nor more \$750.00 for each offense and a separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

I certify that the above statements are correct and that I will not violate any laws of the State of Illinois or of the United States or any ordinance of the Village of Sugar Grove. I further certify that I intend to operate the mobile vending truck/cart in compliance with all the applicable Village ordinances.

Signature of Applicant _____ Date _____

Subscribed and Sworn
 before me this _____ day of _____, 20____ seal

Notary: _____ Date: _____
 Signature

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WAIVER
AUTHORIZATION
For
RELEASE OF INFORMATION

I authorize and empower the Village of Sugar Grove, Department of Police, any consumer reporting agency or other outside service company engaged by said Village or Department for this purpose, now or subsequently, to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristic and mode of living, through correspondence or personal interviews with neighbors, friends, associates or other with whom I am acquainted or who may have knowledge concerning any of the above items.

Printed Name: _____

Signature: _____

Date: _____

Sugar Grove Police Department
Mobile Vending Applicant Review and Approval

Business Name: _____

Business Owner: _____

Vehicle Information: _____ License# _____

The following applicant is hereby approved/not approved under the guidelines of the Village of Sugar Grove Code of Ordinances – Chapter 8, Title 3 –Mobile Vending:

Driver Information:

Applicant Name: _____

Drivers License #: _____ Expiration: _____ DOB: _____

Performed on Date _____

Background Yes No

Photo Taken Yes No

Finger Prints Yes No

Approved: _____
Printed Name and Title

Signature and date